

FINANCIAL/SOURCE OF FUNDS STATEMENT

UBI NUMBER

Complete all spaces or print N/A in spaces that do not apply. **Inaccuracy and/or incompleteness of this form will cause a delay in your licensing request.** Attach additional sheet(s) as needed in same format. **Enclose verification documentation for all assets listed.** (Bank statements, titles or registrations, tax assessor's statements, etc.)

Do not send originals, please send copies.

PLEASE TYPE OR PRINT CLEARLY IN DARK INK.

BUSINESS NAME

THIS FINANCIAL STATEMENT IS FOR: (Please circle one) SOLE PROPRIETOR PARTNER CORPORATION LIMITED PARTNERSHIP

LIMITED LIABILITY COMPANY LIMITED LIABILITY PARTNERSHIP OTHER _____

Please list assets, liabilities, etc. for the above circled category.

BUSINESS TRUST ACCOUNT (BANK NAME)	BRANCH	ACCOUNT NO.
CHECKING ACCOUNT	BRANCH	ACCOUNT NO.
SAVINGS ACCOUNT	BRANCH	ACCOUNT NO.
BANK CONTACT PERSON	BRANCH	PHONE NO.
FLOORING/FINANCING ORGANIZATION (BANK NAME)	BRANCH	ACCOUNT NO.

A	ASSETS	AMOUNT	LIABILITIES	AMOUNT
	Checking (Include latest bank statement)	\$	Notes Payable (Loans) (list in Sec. I)	\$
	Savings (Include latest bank statement)		Income Tax Payable	
	Trust Account (Include latest bank statement)		Accounts, Bills & Credit Cards Payable (list in Sec. I)	
	Stocks & Bonds (list in Sec. C)		Property; B & O Tax	
	Mutual Funds (list in Sec. C)		Mortgages & Liens on Real Estate (list in Sec. H)	
	Notes Receivable (list in Sec. D)		Court Ordered Payments (specify)	
	Accounts Receivable (list in Sec. D)		Lease/Rent Payment (list in Sec. H)	
	Real Estate Owned (list in Sec. E)		Other - specify	
	Vehicles Owned (list in Sec. G)		Other - specify	
	Personal Property		Other - specify	
	Dividends		TOTAL LIABILITIES	
	Other - Specify		NET WORTH = Total Assets Minus Total Liabilities	
	TOTAL ASSETS		TOTAL LIABILITIES + NET WORTH	
	INCOME		Present Job	Projected from Dealership
	Monthly Salary			
	Bonus and Commissions			
	Other Income			
	TOTAL			

B SOURCE OF FUNDS The total cost to open the business is \$ _____. The following explains my personal contribution:

DOLLAR AMOUNT	INSTRUCTIONS	EXPLANATION (Attach documentation of the following source of funds)
CASH PAID \$	Explain the original source of the cash used. Explain where the cash is or was kept.	
CASH BORROWED \$	Explain where the cash was borrowed from. Provide the name and address of the lender.	
DEFERRED CONTRACT \$	Explain any amounts being carried on a contract. (such as a purchase and sale agreement)	
NON-CASH CONTRIBUTIONS \$	Explain any non-monetary contributions, such as labor or equipment.	

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ASSETS	C MUTUAL FUNDS AND STOCKS AND BONDS - Verification copies of Summary Statement must be attached.									
	NAME OF COMPANY				NO. OF SHARES/FACE VALUE			TOTAL MARKET VALUE		
	TOTAL									
	D NOTES RECEIVABLE AND ACCOUNTS RECEIVABLE - Monies owed to you and/or your business. Provide copies of statements/contracts.									
	FROM WHOM (Full name, address)				PHONE NUMBER		TOTAL AMOUNT	CURRENT BALANCE	MONTHLY PAYMENT	
	TOTAL									
LIABILITIES	E LEGAL DESCRIPTION OF REAL ESTATE OWNED - Verification copies of ownership must be attached, to include value of land and buildings.									
	ADDRESS OF PROPERTY	NO. OF ACRES	SEC./LOT	TWP/BLK	RGE/DIV	DEED/TITLE IN NAME OF	VALUE OF LAND	VALUE OF BUILDINGS	BALANCE OF MORTGAGE	MONTHLY PAYMENT
	TOTAL									
	F MORTGAGES AND CONTRACTS OWNED (Receivable) - Including rent/lease payments.									
	ADDRESS OF PROPERTY				FULL NAME OF DEBTOR			PHONE NUMBER	MONTHLY PAYMENT	PRESENT BALANCE
	TOTAL									
G VEHICLES OWNED - If more than three, please attach list, IN SAME FORMAT. Provide copies of Title/Registration										
YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER (VIN)				MARKET VALUE (NADA-Blue Bk.)			
TOTAL										
LIABILITIES	H MORTGAGES AND CONTRACTS OWING (Payable) Include Rent/Lease Payments - Provide Proof of Account Balance									
	ADDRESS OF PROPERTY	FULL NAME OF LENDER			PHONE NUMBER	MONTHLY PAYMENT	AMOUNT PAST DUE	ORIGINAL BALANCE	PRESENT BALANCE	INTEREST RATE
	TOTAL									
	I NOTES PAYABLE, ACCOUNTS AND BILLS PAYABLE AND CREDIT CARDS									
	TO WHOM (Full name,address)				PHONE NUMBER		CURRENT BALANCE	MONTHLY PAYMENT	INTEREST RATE	AMOUNT PAST DUE
TOTAL										

CERTIFICATION

Use additional page(s) to fully explain "yes" answers to questions below. Attach copies of documents and court papers. (PLEASE CIRCLE YES OR NO)

Has the undersigned ever suffered a civil judgement in court? **YES** **NO**

Has undersigned ever filed for bankruptcy? **YES** **NO**

I certify that the above information is true and correct to the best of my knowledge and hereby authorize the Department to verify the financial records and other sources as necessary for licensing.

SIGNATURE

TITLE

DATE